LL SAL

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	IN THE UNITED STATES TATENT AND TRADEMARK OFFICE								
In re Pate	ent Application of ROOM								
Darrell R	ANDERSON et al BOX: NON-FEE AMENDMENT								
Application	on No.: 08/476,275 99% Group Art Unit: (1806)								
Filed: Ju	ine 7, 1995 Examiner: R. Schwadron								
For: THERAPEUTIC APPLICATION OF CHIMERIC AND RADIOLABELED ANTIBODIES TO HUMAN B LYMPHOCYTE RESTRICTED DIFFERENTIATION ANTIGEN FOR TREATMENT OF B-CELL LYMPHOMA									
RESPONSE TRANSMITTAL LETTER									
	Commissioner for Patents on, D.C. 20231								
Sir:									
Enclo	osed is a response for the above-identified patent application.								
[]	] A Petition for Extension of Time is also enclosed.								
[]	Also enclosed is								
[]	verified statement(s) claiming small entity status [ ] are also enclosed [ ] were submitted previously.								
[]	A Contingent Notice of Appeal is also enclosed. The response submitted herewith is being submitted after a final rejection. In the event that the amendments therein are entered but do not result in allowance of all the claims, then the enclosed Contingent Notice of Appeal appealing all finally rejected claims should be entered and the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$145 [] \$290 for filing a Notice of Appeal in accordance with 37 C.F.R. § 1.191(a).								
[]	The earliest effective U.S. filing date of this application is before June 8, 1993. In the event that the response submitted herewith is denied entry, the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$375 [] \$750 for entry of the submission in accordance with 37 C.F.R. § 1.129(a).								
[X]	No additional claim fee is required.								
[]	An additional claim fee is required, and is calculated as shown below:								

Response Transmittal Letter Application Serial No. <u>08/476,275</u> Attorney's Docket No. <u>012712-155</u> Page 2

AMENDED CLAIMS							
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE		
Total Claims	14	MINUS 20 =	0	x \$22 =			
Independent Claims	2	MINUS 3 =	0	x \$78 =			
If Amendment adds multiple dependent claims, add \$250.00							
Total Amendment Fee							
If small entity status is claimed, subtract 50% of Total Amendment Fee							
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT							

[]	A claim	fee in	the amount	of \$	is	enclosed
----	---------	--------	------------	-------	----	----------

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, LLP

Robin L. Teskin

Registration No. 35,030

P.O. Box 1404 Alexandria, VA 22313-1404 (703) 836-6620

Date: March 21, 1996

<sup>[]</sup> Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.